UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21St Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	DI DEMOLI		Received		Notification	
I. TYPE OF NOTIFICATION (O	= Original / R = Revised)) : O					
II. FACILITY INFORMATION (Id	entify owner, removal cor	ntractor, and	d other operator)		<u> </u>		
OWNER: Verizon			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Address: 145 Railroad Avenue							
City: Sayville			State: NY		ZIP: 1178	2	
Contact: Mr. Brian Kingsbury					Tel: (201)	338-0620	
REMOVAL CONTRACTOR: JVN	Restoration Inc.						
Address: 47 Foster Road							
City: Staten Island			State: New York		ZIP: 1030	ZIP: 10309	
Contact: Ignatius Marraccino					Tel: 718-	605-6256	
Address:							
OTHER OPERATOR:					- ANNUAL CONTRACTOR		
Contact:					Tel:		
III. TYPE OF OPERATION (D = [Domolition / B = Bonoveti	on) : B / Ao	hootoo Domovo	I Only	Tel.		
		on): K/AS	bestos Remova	i Only			
IV. IS ASBESTOS PRESENT?	res/No): Yes						
V FACILITY DESCRIPTION	(include building name,	number ar	nd floor or room	number):		1	
Building: Yes							
Address: 145 Railroad Avenue							
Address:							
City: Sayville			State: New Yo	ork	County: S	uffolk	
Site Location: 1 st Floor Administrat	ion/Break Room						
Building Size	Sq Meter:	Sq Ft:	# of Floors:			Age in Years	
Present Use: Commercial	L	10		Prior Use: Co	ommercial		
VI.							
VII.							
			RACM to be Re Category II		Non-friable Asb to be remov Category I		
PIPES - Linear Feet							
PIPES- Linear Meters							
Surface Area - Square Feet		*		VA [*]	T/Mastic280		
Surface Area - Square Meters							
Volume RACM off Facility Compor	nent - Cubic Feet						
Volume RACM off Facility Compor	nent - Cubic Meters				V		
xVIII. SCHEDULED DATES OF A	ASBESTOS REMOVAL:	(MM/DD/\	YY) Start:	10/20/2016	Comple	tion: 10/20/2017	
X. SCHEDULED DATES OF DEM	IOLITION/RENOVATION				Completi		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA N/A	ATION WORK, AND METHOD(S)	TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CO ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Me	ONTROLS TO BE USED TO PRE thods.	VENT EMISSIONS OF			
XII. WASTE TRANSPORTER #1	PH 1:13	2016 DCT 20			
Name: Vandan Disposal					
Address: 1009 Glen Cove Avenue		· · · · · · · · · · · · · · · · · · ·			
City: Glen Head	State: New York	710.44545			
orty. Glein Head	State: New York	ZIP: 11545			
Contact Person: Mark	Telepho	ne: (718) 991-2828			
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:	ZIP:			
Contact Person:	Telepho	3000			
XIII. WASTE DISPOSAL SITE	Totophio				
Name: Minerva Enterprises Inc.					
Address: 8955 Minerva Road					
City: Waynesburg	State: OH	ZIP: 44688			
Telephone: 330-866-3435	State. On	ZIP: 44000			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY	DI EASE IDENTIEV THE ACEN	CV DELOW			
Name: N/A	Title:	CT BELOW			
Authority:	Tiue.				
Date if Order (MM/DD/YY):	Dete Out - 11 De : (MANAGED	000			
•	Date Ordered to Begin (MM/DD	/YY):			
XV. FOR EMERGENCY RENOVATIONS					
Date and Hour of Emergency (MM/DD/YY):					
Description of the Sudden, Unexpected Event:					
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:					
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:					
THE TOOL! NOT THIS ELECTION BECOMES CHOMBE	D, POLVENIZED, ON REDUCE!	O TO FOWDER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION	ONS OF THE REGULATION (400	CFR PART 61			
SUBPART M) WILL BE ON-SITE DURING THE DEMOI REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY INSPECTION DURING NORMAL BUSINESS HOURS.	LITION OR RENOVATION AND 7 THIS PERSON WILL BE AVAIL	EVIDENCE THAT THE ABLE FOR			
Smalin Managen Ignatius Marraccino	Smaller Marraccino 10/14/2016				
Signature of Owner/Operator Project Manager Date XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
0					
Ignatius Marraccino	10/14/2016) 			
Signature of Owner/Operator Project Manager	Date				

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21^{5t} Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	(Date	Received		Notification	
I. TYPE OF NOTIFICATION (O	= Original / R = Revise	ed) : O					
II. FACILITY INFORMATION (Ide	entify owner, removal o	contractor, an	d other operato	r)			
OWNER: SAVANNA						7	
Address: 430 Park Avenue							
City: NY			State: NY		ZIP: 1003	38	
Contact: Liza Rodiger					Tel: (212)	821-8695	
REMOVAL CONTRACTOR: JVN	Restoration Inc.			***			
Address: 47 Foster Road						-1000-	
City: Staten Island	300000000000000000000000000000000000000		State: New	York	ZIP: 103	ZIP: 10309	
Contact: Ignatius Marraccino				Tel: 718-605-6256			
					5		
Address:							
OTHER OPERATOR:		, , , , , , , , , , , , , , , , , , , 					
Contact:					Tel:		
III. TYPE OF OPERATION (D = D	Demolition / R = Renova	ation) : R / As	bestos Remo	val Only			
IV. IS ASBESTOS PRESENT?	es/No): Yes						
V FACILITY DESCRIPTION ((include building nam	e. number a	nd floor or roo	m number\			
	, January Ham	o, namber a	1001 01 100	in number).			
Building: Yes							
Address: 110 William Street							
Address:							
City: New York			State: New	York	County: N	/lanhattan	
Site Location: 22 nd Floor Suite 2210	0		•		!		
Building Size	Sq Meter:	Sq Ft:	0.000	# of Floors:		Age in Years 40+	
Present Use: Commercial		10			100,000 30 40+ Prior Use: Commercial		
VI.						l	
				1 1101 030.	Johnnerdal		
				7 1101 036.			
				1 1101 030.	Sommer cial		
				11101 030.	Non-friable Asb		
			RACM to be Category II				
VII.			RACM to be Category II		Non-friable Asb		
VII. PIPES - Linear Feet			RACM to be Category II		Non-friable Asb		
VII. PIPES - Linear Feet PIPES- Linear Meters			RACM to be Category II	Removed	Non-friable Asb to be remow Category I	ed	
VII. PIPES - Linear Feet PIPES- Linear Meters Surface Area - Square Feet			RACM to be Category II	Removed	Non-friable Asb	ed	
VII. PIPES - Linear Feet PIPES- Linear Meters Surface Area - Square Feet Surface Area - Square Meters Volume RACM off Facility Compon	ent - Cubic Feet		RACM to be Category II	Removed	Non-friable Asb to be remow Category I	ed	
VII. PIPES - Linear Feet PIPES- Linear Meters Surface Area - Square Feet Surface Area - Square Meters			RACM to be Category II	Removed	Non-friable Asb to be remow Category I	ed	
VII. PIPES - Linear Feet PIPES- Linear Meters Surface Area - Square Feet Surface Area - Square Meters Volume RACM off Facility Compon	nent - Cubic Meters	.: (MM/DD/\)	Category II	Removed	Non-friable Asb to be remove Category I	ed	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOV N/A	ATION WORK, AND METHOD(S)	TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CO ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Me	ONTROLS TO BE USED TO PREV ethods.	ENT EMISSIONS OF			
	20 PH 1: U3	720 3105			
XII. WASTE TRANSPORTER #1	10 M M M 10 M M 10 M M M M M M M M M M M				
Name: Vandan Disposal					
Address: 1009 Glen Cove Avenue					
City: Glen Head	State: New York	ZIP: 11545			
Contact Person: Mark	Telephon	e: (718) 991-2828			
WASTE TRANSPORTER #2	40.				
Name:					
Address:					
City:	State:	710.			
Contact Person:		ZIP:			
	Telephon	e:			
XIII. WASTE DISPOSAL SITE Name: Minerva Enterprises Inc.	West to the same of the same o				
Address: 8955 Minerva Road					
City: Waynesburg	State: OH	710.44000			
Telephone: 330-866-3435	State: On	ZIP: 44688			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY	/ DI EASE IDENTIEV THE ACENC	V DELOW			
Name: N/A	Title:	Y BELOW			
Authority:	Title.				
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/	W) ·			
XV. FOR EMERGENCY RENOVATIONS	Date Ordered to begin (MINI/DD/				
Date and Hour of Emergency (MM/DD/YY):		***			
Description of the Sudden, Unexpected Event:					
Explanation of How the Event sound Hunt On the					
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:					
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE E PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE	EVENT THAT UNEXPECTED ASBI ED, PULVERIZED, OR REDUCED	ESTOS IS FOUND OR TO POWDER:			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION SUBPART M) WILL BE ON-SITE DURING THE DEMOREQUIRED TRAINING HAS BEEN ACCOMPLISHED BY INSPECTION DURING NORMAL BUSINESS HOURS.	LITION OR RENOVATION AND E Y THIS PERSON WILL BE AVAILA	VIDENCE THAT THE			
Juli Manacco Ignatius Marraccino	10/14/2016	·			
Signature of Owner/Operator Project Manager XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECTED.	Date				
January Ignatius Marraccino	10/14/2016				
Signature of Owner/Operator Project Manager	Date				

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21⁵¹ Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date F	Received		No	tification
I. TYPE OF NOTIFICATION (O							
II. FACILITY INFORMATION (Ide	entify owner, removal cor	ntractor, and	other operator)				
OWNER: Mr. Fred Strano							
Address: 1430 74 th Street							
City: Brooklyn			State: NY		ZIP	: 11228	
Contact: Mr. Fred Strano			1		Tel	: (917) 58	9-5184
REMOVAL CONTRACTOR: JVN F	Restoration Inc.			***************************************			
Address: 47 Foster Road							
City: Staten Island			State: New York		ZIP	ZIP: 10309	
Contact: Ignatius Marraccino					Tel	: 718-605	-6256
Address:							
OTHER OPERATOR:							
Contact:					Tel	:	
III. TYPE OF OPERATION (D = D	emolition / R = Renovati	on):R/Asi	hestos Remova	l Only			
V FACILITY DESCRIPTION (Building: Yes Address: 1430 74th Street	nclude building name,	number an	d floor or room	number):			
Address:							
City: Brooklyn			State: New Yo	ork	Cor	unty: King	s
Site Location: Exterior Siding			- 1700 - 1904 -	770dAng (Y-			
Building Size	Sq Meter:	Sq Ft:	00	# of Floor	S:		ge in Years 0+
Present Use: Commercial		3,0			: Commercia		
VI.							
VII.			RACM to be Re	emoved	to be	le Asbesto removed gory I	os Material
PIPES - Linear Feet							
PIPES- Linear Meters							
Surface Area - Square Feet					Transite 2,	950	
Surface Area - Square Meters							
Volume RACM off Facility Compon	ent - Cubic Feet						
Volume RACM off Facility Compon	ent - Cubic Meters						
xVIII. SCHEDULED DATES OF A	SBESTOS REMOVAL:	(MM/DD/Y	Y) Start:	10/21/201	6 C	ompletion	10/13/2017
X SCHEDULED DATES OF DEMO	OLITION/RENOVATION	· (MM/DD/	YY) Start:		Co	moletion:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOV. N/A	ATION WORK, AND METHOD(S) 1	O BE USED:
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CO ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Me		ENT EMISSIONS OF
XII. WASTE TRANSPORTER #1	6/4/	19 OS TONIANIS
Name: Vandan Disposal		2.1.22.2132
Address: 1009 Glen Cove Avenue		
City: Glen Head	State: New York	ZIP: 11545
	Gutt. New York	ZIF. 11045
Contact Person: Mark	Telephon	e: (718) 991-2828
WASTE TRANSPORTER #2		
Name:		
Address:		- 100 A
City:	State:	ZIP:
Contact Person:	Telephon	
XIII. WASTE DISPOSAL SITE	Totophon	··
Name: Minerva Enterprises Inc.	, , , , , , , , , , , , , , , , , , , ,	
Address: 8955 Minerva Road	A STATE OF THE STA	
City: Waynesburg	04-4011	TID 4400
Telephone: 330-866-3435	State: OH	ZIP: 44688
The second secon		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY		Y BELOW
Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/	YY):
XV. FOR EMERGENCY RENOVATIONS		2000
Date and Hour of Emergency (MM/DD/YY):	37 (847), 64 (65) (9	
Description of the Sudden, Unexpected Event:	200000	
Explanation of How the Event caused Unsafe Conditions or Serio	ous Disruption of Industrial Opera	ition:
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLI	EVENT THAT UNEXPECTED ASB ED, PULVERIZED, OR REDUCED	ESTOS IS FOUND OR TO POWDER:
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISI SUBPART M) WILL BE ON-SITE DURING THE DEMO REQUIRED TRAINING HAS BEEN ACCOMPLISHED B INSPECTION DURING NORMAL BUSINESS HOURS.	DLITION OR RENOVATION AND E BY THIS PERSON WILL BE AVAIL/ (Required 1 year after promulgat	ABLE FOR ion).
Ignatius Marraccino	10/14/2010	j
Signature of Owner/Operator Project Manager XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT	T. Date	
James Ignatius Marraccino	10/14/2016	
Signature of Owner/Operator Project Manager	Date	